

## **The Alliance for Kansans with Developmental Disabilities**

### **Written Testimony for the House Standing Committee on Health and Human Services**

March 12, 2012, 1:30 PM

To: Representative Brenda Landwehr, Chair

Members, House Standing Committee on Health and Human Services

From: Jon Zehnder, President of The Alliance for Kansans with Developmental Disabilities

Re: "KanCare" Managed Care for People with Intellectual and Developmental Disabilities

Thank you Madam Chair and members of the Committee for allowing me to provide written testimony on behalf of The Alliance for Kansans with Developmental Disabilities. We ask that you consider exempting long-term care services to people with intellectual and developmental disabilities (I/DD) from the proposed KanCare overhaul of Medicaid.

The arguments the administration has used to support KanCare to people with I/DD, their families, and friends have been refuted and yet the administration and its KanCare allies continue to use them. This disingenuous and unduly frightening tactic shows that KanCare supporters are not swayed by the factual state of long-term care nor are they interested in best practice for people with I/DD.

The administration has stated that the current system for long-term care and community based services for people with I/DD has costs that are out of control, that those in services are dying too young, and that the health needs of those in services are poorly coordinated and therefore detrimental.

Further research into the issues shows that:

- 1). It actually costs less to provide services per person than it did almost twenty years ago. Medicaid spending on health care has declined as well. Less is spent right now on pharmaceuticals, hospitals, and physicians than in 2008.
- 2). The life expectancy for many people receiving services in the community has nearly doubled as a result of better health care and improved living conditions. For those with I/DD and who are medically fragile, life expectancy is less than the general population but they are living longer than ever before.
- 3). Medicaid provides extensive service coordination through Targeted Case Management. The administration uses research that only looks at a small percentage of people with I/DD and does not account for health screenings from those who are dually eligible for Medicare and Medicaid. The current system of Targeted Case Management is a significant factor to reduced costs per person in long-term care through community based services as well as reduced medical costs and a longer life expectancy.

The current system of long-term care for people with I/DD has taken years to achieve the results we see today. Throwing that all away on an untested system administered by for-profit insurance companies whose agenda is to enrich their shareholders, is a dangerous experiment at best and could result in undue hardship to our State's most vulnerable citizens and little to no cost savings.

Please, carve long-term care for people with I/DD out of the KanCare system.